

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number

Q90475

Confirmation Number

6111

Application Number 10/552,069

Filing Date July 14, 2006

For BONE CEMENT COMPOSITIONS

Art Unit 1796

Examiner Name Angela C SCOTT

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	\$65.00
<input type="checkbox"/>	Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	
<input type="checkbox"/>	Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	
<input type="checkbox"/>	Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	

☐ Previous Payment Amount

Date Submitted

☒ Applicant claims small entity status. See 37 CFR 1.27

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees, **except for the Issue Fee and the Publication Fee**, or credit any overpayment, to Deposit Account Number 19-4880.

I am the

- ☐ applicant/inventor
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 57,426

☐ attorney or agent under 37 CFR 1.34.

☐ Registration number if acting under 37 CFR 1.34

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

/Susan J. Mack/

Signature

February 11, 2011

Date

Susan J. Mack

Typed or printed name

(202) 293-7060

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.